



Incident Report

Print Date/Time: 08/05/2016 10:07

Login ID: ss0100

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00013442

Incident Date/Time: 7/11/2016 7:46:22 PM
Location: SOPER HILL RD / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (206) 999-5853
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

| Unit | Personnel |
|------|--------------|
| 19N3 | SS0138-Fiske |

Person(s)

| No. | Role | Name | Address | Phone | Race | Sex | DOB |
|-----|-----------------|------------------------------|---|----------------|------|--------|------------|
| 1 | Reporting Party | SANCHEZ, LUIS | | | | | |
| 1 | Driver | RAMSEY, BRIDGET BRIANNA K | 2405 HARTFORD DR Lake Stevens WA 982588644 | (425) 320-9397 | | Female | 02/08/1982 |

Vehicle(s)

| Role | Type | Year | Make | Model | Color | License | State |
|------|------|------|------|-------|-------|---------|-------|
|------|------|------|------|-------|-------|---------|-------|

Disposition(s)

| Disposition | Count |
|-------------|-------|
| S | 1 |

Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------|------|------|------|-------|-------------|---------|----------|
|------|------|------|------|-------|-------------|---------|----------|

CAD Narrative

07/11/2016 : 19:48:34 SP0166 Narrative: BRCST
07/11/2016 : 19:47:18 SP0367 Narrative: CC, NON INJ, NON BLK, SIL SUBARU VS WHI S10, LR367

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E563959**

| | | |
|--------------------------------------|---|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input checked="" type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

TRIBAL RESERVATIONCASE # **2016-00013404**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK

| | | | | | | | | | | | | | | | |
|-------------------|---|---|-----------|---|-------------|---|---|---|-------------|-----------|-------|---|---|-------------------------------------|-------------|
| DATE OF COLLISION | M | M | D | D | Y | Y | Y | Y | TIME (2400) | COUNTY # | MILES | N | E | IN | CITY # |
| 07 | | | 11 | | 2016 | | | | 1220 | 31 | | | | <input checked="" type="checkbox"/> | 0664 |

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
131ST AVE NE BLOCK NO. ☒ **2402**
MILE POST

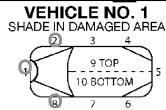
DISTANCE OF (REFERENCE OR CROSS STREET)
MILES ☐ N ☐ E ☐
FEET ☐ S ☐ W

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253209397**LAST NAME **RAMSEY** FIRST NAME **BRIDGET** MIDDLE INITIAL **B**STREET NEW ADDRESS **2405 HARTFORD DR**CITY **LAKE STEVENS** ST **WA** ZIP **982588644**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **RAMSEBB187CH** STATE **WA** SEX **F** D.O.B. **02** - **08** - **1982**ON DUTY ☐ STATUS AIRBAG **6** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **7** NATURE OF INJURIES **POSSIBLE HEAD AND NECK**LICENSE PLATE # **075XPV** STATE **WA** VIN# **JF1SF65642H710942**

TRAILER PLATE # STATE TRAILER PLATE # STATE

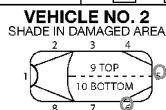
VEH. YEAR **2002** MAKE **SUBA** MODEL **FORSTR** STYLE **UT** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **AAA** GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **NINA BAILEY 9001 284TH ST NE ARLINGTON WA 98223**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 903516986**VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONELAST NAME **NONE** FIRST NAME MIDDLE INITIALSTREET NEW ADDRESS **NONE**

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. - -ON DUTY ☐ STATUS AIRBAG **2** RESTR. **1** EJECT **1** HELMET USE **9** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AD91093** STATE **AZ** VIN# **1FDXE4FS6ADA14233**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2010** MAKE **FORD** MODEL **FORSTR** STYLE VEHICLE TOWED YES ☒ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **U-HAUL OF ARIZONA 2727 N CENTRAL AVE PHOENIX AZ 85004 D: 8005280463**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **REPWEST RFSL-16**VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # CHARGEOFFICER'S NAME (PRINT) **C. LYONS** BADGE OR ID # **0134** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E563959**CASE # **2016-00013404**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | |
|---------------------------------------|----------------------------------|--------|--|--------------|--|--------|--|--------|--|-------|--------------------|---------------|--|-----------------|--------------------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | NATURE OF INJURIES |

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-12-16 10:18 AM

DATED

PLACE SIGNED

APPROVED BY

C. CHRISTENSEN 0075

DATE

7/16/2016 5:43:04 AM

| | | | | | | | |
|---------------|-------------|-------|------------------|------------------------|-----------------|---------------------|-----------------|
| BADGE OR ID # | 0134 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 12:20 PM | TIME POLICE ARRIVED | 12:25 PM |
|---------------|-------------|-------|------------------|------------------------|-----------------|---------------------|-----------------|

PART B 3000-345-160 R (7/06)

PAGE 2 OF 4

REPORT NO. E563959

CASE # 2016-00013404

DATE AND TIME
OF COLLISION 07/11/16 12:20

NARRATIVE

Officer C. Lyons #134
Lake Stevens Police Department

Case #: 2016-00013404
Location: 2402 131st Ave NE, Lake Stevens, WA 98258
Incident: Collision

Today 07-11-16, at approximately 1220 hours, I was dispatched to a collision that occurred at the above listed location. While en route, SnoPac advised the collision involved one vehicle versus a U-Haul truck. The collision was reported to be non-injury and non-blocking.

Upon arriving at 1225 hours, I contacted the female driver of Unit 1. The driver stated she was driving southbound on 131st Ave NE and swerved right to avoid running over a squirrel. When she swerved right, she collided into the back of the legally parked U-Haul truck.

The driver and passenger side airbags of Unit 1 had been deployed, where I asked the driver if she was injured. The driver stated she hit her head on the steering wheel, but was not injured. While speaking with the driver, she seemed to be in shock and slightly disorientated. At that time, I advised for Aid to respond to my location, in order to evaluate the driver.

Shortly later, Aid arrived on scene and advised they would be transporting the driver to be evaluated at the hospital for possible head and neck injuries.

While the driver was being evaluated by Aid, the owner of Unit 1 and the U-Haul business owner arrived on scene. The owner of Unit 1 advised she would be calling AAA to be en route to tow her vehicle. The U-Haul business owner provided the proper vehicle information for the parked U-Haul truck. At that time, both parties were given an exchange of information and a collision case number.

Digital photographs were taken of the scene and submitted into the case jacket.

This concluded my involvement in the case, where I cleared the scene.

Officer C. LYONS #134, Lake Stevens Police

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT (RCW 9A.72.085) AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

| | | |
|---------------|-----------|------------------|
| C. LYONS #134 | 7/12/2016 | Lake Stevens, WA |
| Officer | Date | Location Signed |

REPORT NO. E563959

CASE # 2016-00013404

DATE AND TIME
OF COLLISION 07/11/16 12:20

